MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05094

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
LENGTH OF STAY (in this place) 8 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CLAUDE (Middle) V. (Last) BENNETT

4. DATE OF DEATH: (Month) May, (Day) 1, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Dec. 24, 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.,

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ronson Bennett

14. MOTHER'S MAIDEN NAME: Ida Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 203-07-8262

17. INFORMANT & ADDRESS: Mrs. Della Bennett, Magnolia, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

420.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1953, to May 1, 1953, that I last saw the deceased alive on May 1, 1953 and that death occurred at 12:50 P.M. from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M.D. (Degree or title) ADDRESS Forest Hill, Md. DATE SIGNED 5/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May, 3, 1953 NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens LOCATION (City, town, or county) Bel Air, Harford, Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 3 1953 REGISTRAR'S SIGNATURE Mame M Mondale

24. FUNERAL DIRECTOR Howard K. Mc Comas & Son ADDRESS Abingdon Md.

VS. A15

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MAY 6 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05095

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville R.D. LENGTH OF STAY (in this place) month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: X 45
STATE West Virginia COUNTY Ash Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rugby W Virginia
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) (Last) Blevins
4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 30 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housefe
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Ash County N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Solomon Perry
14. MOTHER'S MAIDEN NAME: Tobitha Hamm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Erskine Clark Pylesville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

260X

Immediate cause (a) Myocardial Failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive C-V Disease

DUE TO

(c) Diabetes Mellitus

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1953, to May 18, 1953 that I last saw the deceased alive on May 17, 1953, and that death occurred at 1 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Jonah A. Hunt MD. ADDRESS Delta Pa DATE SIGNED 5/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 21, 1953 NAME OF CEMETERY OR CREMATORY Perry County LOCATION (City, town, or county) (State) Ash County N. Carolina

DATE REC'D BY LOCAL REGISTRAR 5/19/53 REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Honey Webb ADDRESS Fann Grove Pd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21 1953
BUREAU V. S.

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92

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHURCHVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHURCHVILLE
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) D. (Last) CASTELOW

4. DATE OF DEATH (Month) MAY (Day) 24 (Year) 1953

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 25 AUG 1876

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPER MAKER

10b. KIND OF BUSINESS OR INDUSTRY PAPER MILL

11. BIRTHPLACE (State or foreign country) ODESSA, DELAWARE

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME THOMAS CASTELOW

14. MOTHER'S MAIDEN NAME FRANCES SHARP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 216-03-7868 A

17. INFORMANT AND ADDRESS W. T. CASTELOW (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

200.1

Immediate cause (a) CARCINOMATOSIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) LYMPHO SARCOMA OF CECUM

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 MO. —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION 12 JAN 53

19b. MAJOR FINDINGS OF OPERATION LYMPHOSARCOMA OF CECUM WITH METASTASIS TO REGIONAL NODES AND LIVER

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4 JAN, 1953, to 24 MAY, 1953, that I last saw the deceased alive on 15 MAY, 1953, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE R B Norment III (Degree or title) M. D. ADDRESS Havre de Grace DATE SIGNED 5-24-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 5/27/53 NAME OF CEMETERY OR CREMATORY Elkton Cem Ass. LOCATION (City, town, or county) Elkton Md. (State) Md

DATE REC'D BY LOCAL REG. May 26 REGISTRAR'S SIGNATURE Nellie Perry cmc

24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md.

W. A. Lusby.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

[redacted] TO LOCAL REGISTRAR No.____DATE_____

RECEIVED
JUN 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05097

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel-Air Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walters Convalacant Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel-Air Rural
STREET ADDRESS (If rural give location) Bel-Air Rural

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) S. (Last) Chapman
4. DATE OF DEATH: (Month) May (Day) 10, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 10, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer on Farm
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elijah Chapman
14. MOTHER'S MAIDEN NAME: Mary Cunningham
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Mr. Richard Chapman 62 East High St. Red Lion Penna

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 450.0

Immediate cause (a) Acute heart attack — Interval Between Onset And Death: Instantly

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arthritis (Chronic) — 5 Years

DUE TO (c) Arteriosclerosis. — 3 yr

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1949, to May 10, 1953, that I last saw the deceased alive on May 9, 1953 and that death occurred at 8 30 A.M., from the causes and on the date stated above.

SIGNATURE P. P. Snodgrass (Degree or title) M.D. ADDRESS Warlington Md. DATE SIGNED 5/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 13 1953 NAME OF CEMETERY OR CREMATORY Dublin S.M. Cem LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 12 1953 REGISTRAR'S SIGNATURE Priscilla Fonwood

24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1953
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bush Chapel Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Bush Chapel Road.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Cotton
4. DATE OF DEATH: (Month) 5 (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 4-1871
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Cotton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: George B. Cotton - Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Generalized arteriosclerosis & cerebral ischemia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/5, 1952, to 5/9, 1953 that I last saw the deceased alive on 5/1, 1953, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George T. Stansbury, M.D. — ADDRESS Havre de Grace, Md. — DATE SIGNED 5/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5/12/53 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery — LOCATION (City, town, or county) (State): Aberdeen. Maryland

DATE REC'D BY LOCAL REG. May 12-1953 — REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR — ADDRESS: Henry Garrity & Sons, Aberdeen. Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5099

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) 46 Swan Street

3. NAME OF DECEASED: (Type or Print) (First) Ronald (Middle) Lee (Last) Creager

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 6, 1953

9. AGE last birthday: ____ yrs. IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours 6 Min. ____

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry L. Creager

14. MOTHER'S MAIDEN NAME: Dorothy Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: M/Sgt. Harry L. Creager 46 Swan St., Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval Between Onset And Death: 6 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Premature separation of placenta

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 MAY, 1953, to 6 MAY 1953, that I last saw the deceased alive on 6 MAY, 1953, and that death occurred at 0605 6 MAY, from the causes and on the date stated above.

SIGNATURE (Degree or title) James F Tobin Jr 1LT MC — ADDRESS 2151-1 ASU USAH ABERDEEN, MD. — DATE SIGNED 6 MAY 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/8/53 — NAME OF CEMETERY OR CREMATORY Post Cemetery — LOCATION (City, town, or county) (State) Aberdeen, Maryland

DATE REC'D BY LOCAL REGISTRAR May 8 1953 — REGISTRAR'S SIGNATURE Nellie K Stevens

24. FUNERAL DIRECTOR Harry Farring and Sons — ADDRESS Aberdeen, Maryland.

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

(5100)

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
LENGTH OF STAY in this place: 6 weeks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Paradise Road.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Bertram (Last) Prowse

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 1st. 1902

9. AGE last birthday: 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Govt. Company

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hays Prowse

14. MOTHER'S MAIDEN NAME: Clarice Lorine Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.: 524-16-0604

17. INFORMANT AND ADDRESS: Mrs Wm B. Prowse, Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154

Immediate cause (a) Inanition & Dehydration — Interval Between Onset and Death: 2 wk

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Metastatic Carcinoma of Liver — 1 yr.

(c) Carcinoma of Rectum — 18 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Winter 1961

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26-53, 19..., to 5-19-, 1953, that I last saw the deceased alive on 5-18-, 1953, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE: Wm. W. Workman, M.D. (Degree or title) ADDRESS: Aberdeen, Md. DATE SIGNED: 5-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 21-1953 — NAME OF CEMETERY OR CREMATORY: Grove Cemetery — LOCATION (City, town, or county) (State): Aberdeen, Maryland

DATE REC'D BY LOCAL REG. 5/21/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Harry Farring and Sons — ADDRESS: Aberdeen - Maryland.

MAY 25 19
BUREAU V.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Suzanna (Middle) Stump (Last) Dickinson
4. DATE OF DEATH (Month) May (Day) 12 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-13-1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife - at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pensilvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William J. D. Dickinson
14. MOTHER'S MAIDEN NAME Mary Elizabeth Ramsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Albert Dickinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1953, to 5/12, 1953, that I last saw the deceased alive on May 12, 1953, and that death occurred at 7:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. L. Lewis MD ADDRESS Havre de Grace MD DATE SIGNED 5-12-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF May 14, 1953 NAME OF CEMETERY OR CREMATORY Darlington Cem LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. May 12-1953 REGISTRAR'S SIGNATURE A. L. Lewis MD 24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [redacted] [redacted]pecially important. Physici[redacted]: please write the causes of death clearly and legibly.

VS. A15

1

MAY 14 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 95102

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
~~CITY OR~~ TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
~~CITY OR~~ TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wilbur (Middle) Joseph (Last) Dorsey
4. DATE OF DEATH (Month) May (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: Jan. 2 1954
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired: Laborer On buildings
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo Dorsey
14. MOTHER'S MAIDEN NAME: Annie Cevis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes July 11, 1941 (If Yes, give war or dates of service) Dec 7, 1945
16. SOCIAL SECURITY No.: 218-18-0060
17. INFORMANT & ADDRESS: Annie Dorsey (Mother) Street, Md, Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 493X

Immediate cause (a) Lobar Pneumonia DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Natural - Exposure DUE TO

(c)

Interval Between Onset And Death 4 Days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1953, to 5/6, 1953 that I last saw the deceased alive on 5/5, 1953 and that death occurred at 2:30 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) F. P. Snodgrass M.D. ADDRESS Darlington Md. DATE SIGNED 5/6/53

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF May 9, 1953
NAME OF CEMETERY OR CREMATORY Cedar Cem.
LOCATION (City, town, or county) Harford Co, Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 7 1953
REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 25 1953
BUREAU V. S.

Item 18 Film G155 7-C-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05103

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Havre de Grace
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural give location): 125 Deaver Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) M (Last) Fadeley

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 6, 1890

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months 9 Days 23 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Garage Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Inter, Co, Bus, Co.

11. BIRTHPLACE (State or foreign country): Maryland, Harford

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William M. Fadeley

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Price

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No.
(If Yes, give war or dates of service): No.

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Margret Jones Fadeley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
002.X
Immediate cause (a) Tuberculosis, both upper lobes — Interval Between Onset And Death
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1953, to May 28, 1953, that I last saw the deceased alive on May 28, 1953, and that death occurred at May 29 12:30 A.M. from the causes and on the date stated above.

SIGNATURE E. J. Senior (Degree or title) Gen'l. ADDRESS Havre de Grace DATE SIGNED 6-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/I/1953 — NAME OF CEMETERY OR CREMATORY Angel Hill — LOCATION (City, town, or county) (State) Havre de Grace, Maryland

DATE REC'D BY LOCAL REGISTRAR June 1 1953 — REGISTRAR'S SIGNATURE G. L. Lewis M.D. — 24. FUNERAL DIRECTOR ADDRESS Pennington & Son, Havre deGrace, Md.

Pennington & Son, Havre de Grace, Md.

RECEIVED
1953
BUREAU V

Items 13,14 Film 6104 6/16/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 95104

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 U.S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen Proving Ground
STREET ADDRESS (If rural give location) Qtrs. 106

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Ernest (Last) Fox
4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 6, 1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): U.S. Air Force
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Martin Fox
14. MOTHER'S MAIDEN NAME: Mary Shipe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 41 1/2 years of service
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Military Personnel Phillips AFB, APG, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 15 Min

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Never, 19 , to ..., 19 , that I last saw the deceased alive on Never, 19 , and that death occurred at Approx 7:10 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert N. Luesy 1st Lt MC ADDRESS 2151-1 A.S.H. APG Md DATE SIGNED June 5 53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 6/2/53
NAME OF CEMETERY OR CREMATORY Knoxville Cemetery
LOCATION (City, town, or county) (State) Brunswick Maryland
DATE REC'D BY LOCAL REGISTRAR June 3 53
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Henry Farring and Sons ADDRESS Aberdeen Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A26

RECEIVED
JUN 4 1953
BUREA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 503 N. Mechanic St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Gorman (Last) Fuller

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 9, 1930

9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Gorman Fuller

14. MOTHER'S MAIDEN NAME: — unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): 7 APR 53 to date

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Military Personnel Aberdeen Proving Ground, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Glomerulonephritis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 May, 1953, to 21 May, 1953, that I last saw the deceased alive on 21 May, 1953, and that death occurred at 0800 hrs, from the causes and on the date stated above.

SIGNATURE Bernard J. Gorry (Degree or title) 1st Lt. MC ADDRESS USAH Aberdeen Pr. Gr., Md. DATE SIGNED 22 May 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5/22/53 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR: 5-22-53 — REGISTRAR'S SIGNATURE: Pollick F. Perry

24. FUNERAL DIRECTOR: Henry Harris and Sons. — ADDRESS: aberdeen maryland.

VS AF 5

RECEIVED
MAY
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Conn. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Milford
STREET ADDRESS (If rural give location) 13 Eastwick Pl

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) M (Last) Gawel

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 28, 1930

9. AGE last birthday: 22 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): Conn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) Jan 10, 1951 to date

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Military Personnel Aberdeen Proving Ground, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Contusion & Laceration of left cerebral hemisphere — Interval Between Onset And Death: 3 HRS.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Basal Skull fracture — 3 HRS.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route #40 (CITY OR TOWN) Near Perryville (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) May 19, 1953 0320 A.m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Auto - Trailer Truck

22. I hereby certify that I attended the deceased from 19 May, 1953, to 19 May, 1953, that I last saw the deceased alive on 19 May, 1953, and that death occurred at 0845 AM from the causes and on the date stated above.
SIGNATURE Henry Roark, Maj MC (Degree or title)
ADDRESS 2151-1ASU, USAH, APG MD, DATE SIGNED 19 May 53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF May 20 1953
NAME OF CEMETERY OR CREMATORY New Milford Cemetery
LOCATION (City, town, or county) (State) New Milford Conn.
DATE REC'D BY LOCAL REGISTRAR May 20 - 53
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Henry Fanning & Sons
ADDRESS Aberdeen Md

RECEIVED
MAY 25
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05107

CERTIFICATE OF DEATH

Reg. Dist. No. 1 8 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) 3-A-1 Linclon Ave

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) ELLEN (Last) GREEN

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 19-1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 2 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Vint Green

14. MOTHER'S MAIDEN NAME: Carole Illema Grover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Robert V. Green-Father 3-A-1 Linclon Ave., Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
776x
Immediate cause (a) Prematurity — DUE TO — Interval Between Onset And Death: 2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 MAY, 1953, to 21 MAY, 1953, that I last saw the deceased alive on 21 MAY 1953 and that death occurred at 1715, from the causes and on the date stated above.

SIGNATURE Milton Gordon (Degree or title) Capt. M.C. — ADDRESS 2157-1-USAH-APG, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/23/53 — NAME OF CEMETERY OR CREMATORY Post cemetery — LOCATION (City, town, or county) (State) Aberdeen Maryland

DATE REC'D BY LOCAL REGISTRAR 5-2-53 — REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR Henry Varnum and Sons — ADDRESS Aberdeen Maryland

2053231280

VS. A15

BUREAU V. S.
MAY 26
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; LENGTH OF STAY (in this place) 28 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Callie	Hash	Hartley	May	20	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	7-10-1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Grayson County, Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Boyden Hash	Ramsey Rutherford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Paul Hartley, Bel Air, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral hemorrhage.	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 27, 1950, to May 20, 1953, that I last saw the deceased alive on May 20, 1953, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert Barthalt	M.D.	Forest Hill, Maryland	5-21-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 23/53	Bel Air Memorial Park	Bel Air Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/22/53	Priscilla Forwood	Joseph T. Foster	Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A-15

RECEIVED
MAY 26 19[illegible]
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05109

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cardiff
LENGTH OF STAY (in this place) 29 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cardiff
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Osborne (Middle) Howard (Last) Heaps

4. DATE OF DEATH: (Month) May (Day) 14, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 29, 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Zephaniah Heaps
14. MOTHER'S MAIDEN NAME: Laura Tate

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Gerald G. Heaps, Whiteford, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary Hemorrhage — 4 days

DUE TO

(c) Arterio Sclerotic G V Disease

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1937, to May 14, 1953, that I last saw the deceased alive on May 13 1953 and that death occurred at 4 30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Jonah A Hunt M.D.
ADDRESS Delta, Pa.
DATE SIGNED 5/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 16, 1953
NAME OF CEMETERY OR CREMATORY Slate Ridge
LOCATION (City, town, or county) Delta (State) Pa.

DATE REC'D BY LOCAL REGISTRAR 5/15/53
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR John H. Harkins, Delta, Pa.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

RECEIVED
MAY 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05110

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - BELAIR
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PROSPECT HILL FARM

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL (BELAIR)
STREET ADDRESS (If rural give location) PROSPECT HILL FARM

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) B (Last) HEIGHE
4. DATE OF DEATH: (Month) MAY (Day) 27 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 11 JULY '84
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: THOMAS McELDERRY
14. MOTHER'S MAIDEN NAME: ELIZABETH BRADFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS. JOSEPH S. JACOBS RUXTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) ACUTE CARDIO-RESPIRATORY FAILURE	1/2 HOUR
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) LEFT VENTRICULAR HEART FAILURE	4 DAYS
	DUE TO (c) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	6 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 NOV, 1947, to 27 MAY, 1953, that I last saw the deceased alive on 27 MAY, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.
SIGNATURE H. P. Sidwell (Degree or title) M.D. ADDRESS Bel Air, Maryland DATE SIGNED 27 May '53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 5- -1953
NAME OF CEMETERY OR CREMATORY GREENMOUNT
LOCATION (City, town, or county) BALTIMORE (State) MD.
DATE REC'D BY LOCAL REGISTRAR 5/28/53
REGISTRAR'S SIGNATURE W W Hedrick
24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4905 YORK ROAD BALTO., MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

5111

Reg. Dist. No. 180

1. PLACE OF DEATH
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Belcamp
MARYLAND
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) May (Last) Holcomb

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 14, 1936

9. AGE last birthday: 16 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Irvin Holcomb

14. MOTHER'S MAIDEN NAME: Rosie Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Rosie Holcomb, Elkton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: —

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY (X) OR CONTRIBUTING ( ) CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 40 (CITY OR TOWN): Belcamp (COUNTY): Harford (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): May 23 53 3:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work (X)

HOW DID INJURY OCCUR? Auto accident - auto object type

22 *I certify that I took charge of the remains described above, held an Autopsy ( ), Inspection (X), Inquiry ( ) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ( ), accident (X), suicide ( ), homicide ( ), undetermined ( ).*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md. 5/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 5/23/1953
NAME OF CEMETERY OR CREMATORY: Pippin Funeral Home
LOCATION (City, town, or county) (State): Elkton Cecil, Md.

DATE REC'D BY LOCAL REGISTRAR: 5/25/1953
REGISTRAR'S SIGNATURE: Mame M Mondale
24. FUNERAL DIRECTOR: Howard K McConnor Son
ADDRESS: Abingdon, Md.

MARGIN RESERVED FOR BINDING

USE WRITE INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

Item 9 FilmG154 6/8/53 whw

05112

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington LENGTH OF STAY (In this place) Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Harford
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~OR~~ TOWN Darlington Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Daisy (Middle) (Last) James

4. DATE OF DEATH (Month) May (Day) 9, (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Married
8. DATE OF BIRTH Unknown
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Queenan Co., Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Maggie Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war, or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mr. Winfield James

18. MEDICAL CERTIFICATION Darlington, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure

(c) Hypertensive arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15, 1951, to 5/9, 1953, that I last saw the deceased alive on 5/8, 1953, and that death occurred at 12:15a m., from the causes and on the date stated above.

SIGNATURE George T. Stansbury (Degree or title) M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 5/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 11 1953
NAME OF CEMETERY OR CREMATORY Sand Town Cem
LOCATION (City, town, or county) Queen Ann Co. (State) Md.

DATE REC'D BY LOCAL REG. May 10, 1953
REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MAY 25 1953
BUREAU V.

05113

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 5-1 to 5-24
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY 256 Revolution St. Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
STREET ADDRESS (If rural, give location) 256 Revolution St.

3. NAME OF DECEASED (Type or Print) (First) Carroll (Middle) F. (Last) Keithley
4. DATE OF DEATH (Month) May (Day) 24 (Year) 1953

5. SEX male
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-24-88
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas & Electric Trouble Shooter
10b. KIND OF BUSINESS OR INDUSTRY Utility.
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel. Keithley.
14. MOTHER'S MAIDEN NAME Elizabeth Baldwin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS ~~Md~~ Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Lung c̄ Metastases to Chest Wall.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-, 1953, to 5-24, 1953, that I last saw the deceased alive on 5-24, 1953, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE Frank D. Hauker (Degree or title) M.D. ADDRESS Harford Memorial Hospital. DATE SIGNED 5-24-53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/27/53
NAME OF CEMETERY OR CREMATORY Angel Hill Cem.
LOCATION (City, town, or county) (State) Havre de Grace, Md

DATE REC'D BY LOCAL REG. May 27-53
REGISTRAR'S SIGNATURE A L Lewis M.D.
24. FUNERAL DIRECTOR [illegible] ADDRESS Havre de Grace Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS

RECEIV
MAY 2
BUREAU

05114

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 2½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida — COUNTY Clay
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keystone Heights
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) Kerr (Last) Leeman
4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	1/12/1885	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper & Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Grain & Feed
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Kerr
14. MOTHER'S MAIDEN NAME: Mary Jane Woolner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Donna K. Wolrath, Keystone Heights Fla

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive - C-V Disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from May 14, 1953, to May 14, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. Ralph Harley M.D.	Churchville, Md.	May 16

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5/16/1953	Peters Funeral Home	Yale, St Clair, Mich.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 19-1953	A. L. Lewis M.D.	Howard K. Mc Comas & Son	Abingdon, Md.

VS. 45

RECEIVED
MAY 21 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05115

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air, Rural
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walter's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace, Md
STREET ADDRESS (If rural give location) 139 Wilson St.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) J. (Last) LONGLEY

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed
8. DATE OF BIRTH: Nov 1-1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Land Surveyor
10b. KIND OF BUSINESS OR INDUSTRY: Surveyor
11. BIRTHPLACE (State or foreign country): Radford, Va
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Seldon Longley
14. MOTHER'S MAIDEN NAME: Leona Jourdan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ✓
17. INFORMANT & ADDRESS: Harford Memorial Hospital Havre de Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular accident, probable thrombosis — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized — uncertain

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gouty arthritis — uncertain

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1953, to May 5, 1953, that I last saw the deceased alive on May 4, 1953, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE Paul S. Stonesifer Jr. (Degree or title) M.D. ADDRESS 615 Hickory Ave. Bel Air, Md. DATE SIGNED May 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May
NAME OF CEMETERY OR CREMATORY Rock Spring
LOCATION (City, town, or county) (State) Forest Hill Md

DATE REC'D BY LOCAL REGISTRAR 8/7/53
REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR Joseph S Festis Bel Air Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
MAY 11 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 40 Wa. Aberdeen
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 4349 Park Heights Ave (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Frederick (Last) Martin

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 9 1882

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Lloyd E Mitchell

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Martin

14. MOTHER'S MAIDEN NAME: Bertha Mahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-14-1283

17. INFORMANT AND ADDRESS: Ida A. Martin 4349 Park Heights Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] (c)

INTERVAL BETWEEN ONSET AND DEATH: Hours ??

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 40 near Aberdeen (CITY OR TOWN) Harford (COUNTY) Md (STATE)

TIME OF INJURY (Month) May (Day) 4 (Year) 1953 (Hour) 5:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY occur? Automobile, car ran into Ditch Bank.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, or Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: Hale Kuhlman M.D. (Degree or title) ADDRESS: Asst. Med. Examiner, Harford Co.

DATE SIGNED: 5/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 8 1953

NAME OF CEMETERY OR CREMATORY: Mount Judge

LOCATION (City, town, or county) & (State): Pikesville Md.

DATE REC'D BY LOCAL REG.: 5/5/53

REGISTRAR'S SIGNATURE: D.W. Kendrick

24. FUNERAL DIRECTOR: Harry J. Amaral ADDRESS: 4204 Ridgewood Ave

VS. 104a

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa
LENGTH OF STAY (in this place): 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) E (Last) Mc Dairmant

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1/25/1868

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. J.E. Williams, Joppa, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcenoma of Stomach — Interval Between Onset and Death: 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 1950

19b. MAJOR FINDINGS OF OPERATION: inoperable Ca Stomach

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1950, to May 19, 1953, that I last saw the deceased alive on May 18, 1953, and that death occurred at 5 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Fred O Hodous M.D. ADDRESS: DATE SIGNED: 5-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/22/1953
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 5/22/1953
REGISTRAR'S SIGNATURE: Mame M Mondsdale

24. FUNERAL DIRECTOR ADDRESS: Howard K. Mc Comas & Son, Abingdon, Md.

RECEIVED
MAY 25 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 95118

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 US Army Hospital Aberdeen Proving Ground, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) aberdeen
STREET ADDRESS (If rural give location) 101 E. Garden Drive

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) Louise (Last) Meredith
4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 22 May 1953
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min. 55
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Francis Meredith, 1/Lt
14. MOTHER'S MAIDEN NAME: Ruth Sanderson
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Medical Records Aberdeen Proving Ground Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
759.3
Immediate cause (a) Prematurity
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Multiple Congenital Anomalies
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 MAY 1953 to 22 MAY, 1953, that I last saw the deceased alive on 22 MAY 1953 and that death occurred at 16.00 hrs from the causes and on the date stated above.
SIGNATURE Milton Garden (Degree or title) Capt. M.C. ADDRESS 2151-1-USAH-APG, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 26-1953 NAME OF CEMETERY OR CREMATORY Post cemetery LOCATION (City, town, or county) aberdeen (State) Maryland
DATE REC'D BY LOCAL REGISTRAR May 27-53 REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Henry Farring and Sons. ADDRESS aberdeen, Maryland.

2053325302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

GENEVE
MAY 29
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air R.D. | LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air R.D. # 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A. (Last) Osborne

4. DATE OF DEATH: (Month) May, (Day) 1, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 2/3/ 1870

9. AGE last birthday: 83 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Servant

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Harford Co., Md.,

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George H. Osborne

14. MOTHER'S MAIDEN NAME: Julia A. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Ulysses G. Osborne, Bel Air, R.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1952, to May 1, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE: Charles Richardson (Degree or title) M.D. ADDRESS: Bel Air Md. DATE SIGNED: 5/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 5, 1953 | NAME OF CEMETERY OR CREMATORY: Asbury | LOCATION (City, town, or county) (State): Churchville, Harford, Md.

DATE REC'D BY LOCAL REG. 5/7/53 | REGISTRAR'S SIGNATURE: Priscilla Lowood

24. FUNERAL DIRECTOR: Howard K. Mc Comas & Son ADDRESS: Abingdon Md.

VS A-4

RECEIVED
MAY 11 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (57120)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Norrisville
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Rural Norrisville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) C linton (Middle) Reed (Last) Payne

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Nov. 24, 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Harford Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Finney Payne

14. MOTHER'S MAIDEN NAME: Eliza Jane Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 205-16-5375

17. INFORMANT & ADDRESS: Annie E Payne - Norrisville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia, Chr. myocarditis, chr. nephritis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. nephritis, Chr. hypertension DUE TO

(c) &

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1953, to May 25, 1953, that I last saw the deceased alive on May 24, 1953, and that death occurred at 12 Noon, from the causes and on the date stated above.

SIGNATURE Norman H. Stemmill (Degree or title) M.D. ADDRESS Stewartstown, Pa. DATE SIGNED May 25, 1953.

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) | DATE THEREOF 5-28-53 | NAME OF CEMETERY OR CREMATORY Norrisville Cemetery | LOCATION (City, town, or county) (State) Norrisville, Harford Co., Md.

DATE REC'D BY LOCAL REGISTRAR 5/26/53 REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR W. Howard Wolf ADDRESS Fawnstone, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.	STREET ADDRESS (If rural, give location) General Delivery

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Lee (Last) Peace

4. DATE OF DEATH (Month) 5 (Day) 2 (Year) 1953

5. SEX Female | 6. COLOR OR RACE negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow | 8. DATE OF BIRTH June 16, 1887 | 9. AGE last birthday 65 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ned Johnson | 14. MOTHER'S MAIDEN NAME Hester Johnson (Glover) maiden name

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. — | 17. INFORMANT AND ADDRESS Mr. Herbert Williams, Joppa, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage sec. to Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

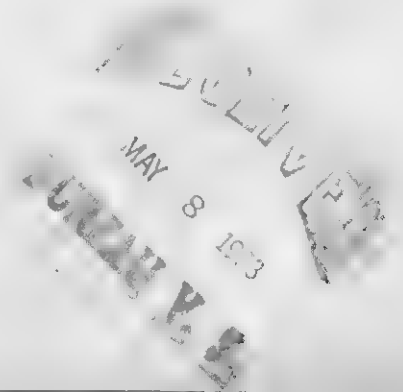
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27, 1953, to 5-2, 1953, that I last saw the deceased alive on 5-2, 1953, and that death occurred at 10:10 P m., from the causes and on the date stated above.

SIGNATURE J. P. Vicente, MD (Degree or title) ADDRESS Harford Memo. Hosp. DATE SIGNED 5-2-53

23. BURIAL, CREMATION REMOVAL (Specify) Buried | DATE THEREOF May 6, 1953 | NAME OF CEMETERY OR CREMATORY Union Methodist Cemetery | LOCATION (City, town, or county) (State) Aberdeen, Harford, Md.

DATE REC'D BY LOCAL REG. May 6-1953 | REGISTRAR'S SIGNATURE G. L. Lewis M. D. | 24. FUNERAL DIRECTOR Elmer E. Bullock, Havre de Grace, Md. ADDRESS


MAY 8 1933

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Mitchell (Last) Plummer
4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 28 1872
9. AGE last birthday: 81 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Plummer
14. MOTHER'S MAIDEN NAME: Sarah Parks.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: John L. Plummer - Churchville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mesenteric Thrombosis — Interval Between Onset and Death: 8 hrs.

Antecedent cause(s) (b) Arteriosclerotic C.V. Disease — 6 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cystitis at Kidney

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1940, to May, 1953, that I last saw the deceased alive on May 24, 1953, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE J. Ralph Hardy M.D. (Degree or title) ADDRESS Churchville Md DATE SIGNED May 25

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 5/27/53
NAME OF CEMETERY OR CREMATORY: Churchville cemetery
LOCATION (City, town, or county) (State): Churchville Maryland.

DATE REC'D BY LOCAL REG. May 26-53
REGISTRAR'S SIGNATURE A. D. Lewis M.D.
24. FUNERAL DIRECTOR: Henry Farring and Sons ADDRESS Aberdeen, Md.

RECEIVED
MAY 29 1952
BUREAU V. E.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 5

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen
HOSPITAL OR INSTITUTION OR STREET ADDRESS 411 Edmund Street	STREET ADDRESS (If rural, give location) 411 Edmund Street

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Nathaniel (Last) Ross

4. DATE OF DEATH (Month) May (Day) 25th (Year) 1953

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) unknown

8. DATE OF BIRTH unknown

9. AGE last birthday 60? yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) utility or handy man.

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (State or foreign country) unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 149-05-9715

17. INFORMANT AND ADDRESS Mrs Mary Lawson aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro-vascular accident	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis with hypertension	?
(322.2)	(c) Alcoholism	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25, 1953, to 5/25, 1953, that I last saw the deceased alive on 5/25, 1953 and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE Frederick J. Hatton (Degree or title) M.D. ADDRESS 17 N. Phila. Rd. Aberdeen Md. DATE SIGNED 5/[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 5/26/53 — NAME OF CEMETERY OR CREMATORY University Med School — LOCATION (City, town, or county) Balto City (State)

DATE REC'D BY LOCAL REG. [illegible] — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Frances A. Hemsley 578 W Biddle St ADDRESS

ARCHIVES
MAY 29 1973
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 35124

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: County: Harford; State: Maryland; City (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace; LENGTH OF STAY (in this place): 5 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: State: Maryland; County: Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Havre de Grace; STREET ADDRESS (If rural give location): 269 Wilson

3. NAME OF DECEASED: (Type or Print) (First) Nannie (Middle) W. (Last) Lee

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 3 1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Williamson

14. MOTHER'S MAIDEN NAME: Katherine Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Burton Lummis, 269 Wilson St Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Lung

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cancerous

DUE TO (c) Cachexia

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1952, to 5/27, 1953, that I last saw the deceased alive on 5/27, 1953, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

SIGNATURE Charles J. Foley M.D. (Degree or title) ADDRESS 400 S. Main Bel Air, Md. DATE SIGNED 5-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 5-30-53; NAME OF CEMETERY OR CREMATORY Woodlawn; LOCATION (City, town, or county) Welch W Va (State)

DATE REC'D BY LOCAL REGISTRAR May-27-53; REGISTRAR'S SIGNATURE A. L. Lewis M.D.; 24. (FUNERAL DIRECTOR) [illegible] & Son; ADDRESS Havre de Grace, Md.

RECEIVED
MAY 29
BUREAU V. S.

5125

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood R.D. LENGTH OF STAY (in this place) 10 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood R.D.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Emmorton

3. NAME OF DECEASED (Type or Print)	(First) Ira	(Middle) I	(Last) Tharp	4. DATE OF DEATH	(Month) MAY	(Day) 6	(Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept.23,1884	9. AGE last birthday 68 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Fireman	10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME Francis R. Tharp	14. MOTHER'S MAIDEN NAME Caroline Brown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Vena A. Tharp, Edgewood, R.D. MD					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
181X Immediate cause	(a) CARDIO-RESPIRATORY FAILURE	12 HOURS.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) METASTATIC CARCINOMA secondary to	2 YEARS.
	(c) CARCINOMA OF BLADDER	OVER 5 YEARS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from ....., 1948, to 6 MAY, 1953, that I last saw the deceased alive on 5 MAY, 1953, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H P Sedwell	M.D.	138 N. Main Bel Air Md	6 May 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May, 8, 1953	NAME OF CEMETERY OR CREMATORY Darlington	LOCATION (City, town, or county) Darlington, Harford (State) Md.
DATE REC'D BY LOCAL REG. May 8 1953	REGISTRAR'S SIGNATURE Marie M Mondsdale	24. FUNERAL DIRECTOR Howard K. Mc Comas & Son Abingdon Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

RECEIVED
MAY 12 1953
BUREAU V. S.

126

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place) 8 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) TURNER
4. DATE OF DEATH (Month) MAY (Day) 28 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 28, 1953
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 7 Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Jeff Scott
14. MOTHER'S MAIDEN NAME Catherine Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Edith Turner, Magnolia Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0

Immediate cause (a) INTRACRANIAL INJURY — INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) BIRTH TRAUMA

(c) CEPHALOPELVIC DISPROPORTION

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ MAY 28, 1953, ~~to ..., 19...~~, that I last saw the deceased alive on MAY 28, 1953, and that death occurred at 8 20 P. m., from the causes and on the date stated above.

SIGNATURE Brown McDonald Jr. (Degree or title) M.D. ADDRESS Aberdeen, Md. DATE SIGNED 5-29-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 30, 1953
NAME OF CEMETERY OR CREMATORY Magnolia Baptist
LOCATION (City, town, or county) Magnolia, Harford (State) Md

DATE REC'D BY LOCAL REG. June 2-1953
REGISTRAR'S SIGNATURE G. L. Lewis M.D.
24. FUNERAL DIRECTOR Howard C. McCormack & Son ADDRESS Abingdon Md

RC 53181384

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 5 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Perry Point

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) UNKNOWN
STREET ADDRESS (If rural, give location) UNKNOWN

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) UNKNOWN

4. DATE OF DEATH (Month) (Day) (Year) May 5 1953

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) U | 8. DATE OF BIRTH N | 9. AGE last birthday yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY K | 11. BIRTHPLACE (State or foreign country) K N | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME K N | 14. MOTHER'S MAIDEN NAME O

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. U | 17. INFORMANT AND ADDRESS N

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 921.7 (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Water | (CITY OR TOWN) Perry Point, | (COUNTY) Harford | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Found May 5, 1953 | INJURY OCCURRED While at work [ ] Not while at work [X] | HOW DID INJURY OCCUR? Found drowned

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ___, *Inquiry* ___ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* X.

SIGNATURE William [signature] (Degree or title) Ass't.Medical Examiner-700 Fleet St.-Balto. 2,Md. ADDRESS DATE SIGNED May 6, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Cremated | DATE THEREOF 6/1/53 | NAME OF CEMETERY OR CREMATORY Univ. of Md Med Sch - Baltimore | LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REG. 6-4-53 | REGISTRAR'S SIGNATURE A.W. Hedrich-mc | 24. FUNERAL DIRECTOR The Anatomy Board of Maryland M. Hampton, Secy. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

COPY SENT TO

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05128

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Rural — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvary Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Rural
STREET ADDRESS (If rural, give location): Calvary Road

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Arthur (Last) Wakeland
4. DATE OF DEATH: (Month) May (Day) 11th (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 20-1889
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Finney Wakeland
14. MOTHER'S MAIDEN NAME: Rachel Catherine Kaithley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Harry A. Wakeland - Bel Air RD Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X Immediate cause (a) Carcinoma of Pancreas

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 22-53
19b. MAJOR FINDINGS OF OPERATION: Metastatic Ca of liver, intestine -
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1953, to May 11, 1953, that I last saw the deceased alive on May 10, 1953, and that death occurred at 2:30 P.M. m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson (Degree or title) M.D. — ADDRESS: Forest Hill Md — DATE SIGNED: 5/11/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/13/1953 — NAME OF CEMETERY OR CREMATORY: Smith Chapel Cemetery — LOCATION (City, town, or county) (State): aberdeen maryland
DATE REC'D BY LOCAL REG.: 5/12/53 — REGISTRAR'S SIGNATURE: Priscilla Fourwood
24. FUNERAL DIRECTOR: Henry Farring and Sons — ADDRESS: aberdeen maryland

RECEIVED
MAY 14 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7121

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS R.F.D. (If rural, give location)

3. NAME OF DECEASED (Type or Print) First	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eurith	OZELLA	WATSON	5	1	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	5-18-1892	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hanford Green	Jane Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	185-28-9477	Virginia McMullen Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

21 x

Immediate cause (a) Diabetes Mellitus — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-1, 1953, to 5-1, 1953, that I last saw the deceased alive on 5-1, 1953, and that death occurred at 2 25 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank D. Hauber	M.D.	Harford Memorial Hospital.	5-1-53

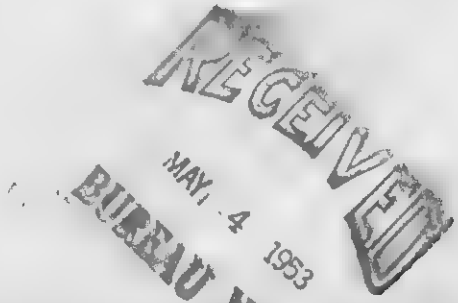
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 4, 1953	Hopewell Cem	Port Deposit	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 2-53	L. L. Lewis M.D.	J. E. Tyson	Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/AL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MAY 4 1953
BUREAU V

05130

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #22 Fenway Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen
STREET ADDRESS #22 Fenway Street. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mattie (Middle) Lee (Last) Wimberly

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 28-1910
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Dish washer
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (State or foreign country) Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-26-3727
17. INFORMANT AND ADDRESS Joseph A. Wimberly aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002x

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 18 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28-53, 19....., to 5-26-, 1953, that I last saw the deceased alive on 5-14-, 1953 and that death occurred at 11:45 A.m., from the causes and on the date stated above.

SIGNATURE Vera P. Hodman, M.D. (Degree or title) ADDRESS Aberdeen, Md. DATE SIGNED 5-29-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 29-1953
NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
LOCATION (City, town, or county) aberdeen, Maryland (State)

DATE REC'D BY LOCAL REG. May 29-53
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Henry Farring and Sons ADDRESS aberdeen, maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 245

RECEIVED
JUN 1 1953
BUREAU V. S.

05131

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Ref. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) F (Last) Youtz
4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	1-18-'69	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chef - Hotel & Restaurant		Pa.	U.S.A.

13. FATHER'S NAME: William Youtz
14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	218-18-1087	Harford Memorial Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Cholecystitis with Cholelithiasis and Perforated Gall Bladder	6 wks.
584X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerotic Heart Disease.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/30, 1953, to 5/6, 1953, that I last saw the deceased alive on 5-6, 1953, and that death occurred at 6 05 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank D. Hauke	M.D.	Harford Memorial Hospital	5-6-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/11/53	Cornwall	Cornwall Pa Lebi Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 7, 1953	C. D. Lewis M.D.	H. S. Bailey	Darlington, Md.

VS-4

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MAY 11 1953
BUREAU V. S.